

# Gift to Agency Report

# A Public Document

GIFT TO AGENCY REPORT

## 1. Agency Name

Date Stamp

California  
Form 801

For Official Use Only

California Department of Health Care Services

Division, Department, or Region (if applicable)

Director's Office

Street Address

1501 Capitol Ave, MS 0000, P.O. Box 997413

Area Code/Phone Number

(916) 440-7400

E-mail

brian.hansen@dhcs.ca.gov

Agency Contact (name and title)

Brian Hansen, Special Assistant to the Director

☐ Amendment (explain in comment section)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☐ Other

Center For Health Improvement

Name

1330 21ST ST STE 100

Sacramento

CA

95814-0000

Address

City

State

Zip Code

501 (c)(3) organization of the type described in section 509(a) (1) and 170(b) (1)(A)(vi) of the Internal Revenue Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Michele Peterson, Project Manager

\$ 4,290

Name

Amount

Name

Amount

## 3. Payment Information

Date and Amount of Payment (other than travel)

In Progress

\$ 4168

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Albuquerque, New Mexico, USA

July 29 -31, 2009

Date(s) of Travel

\$ 2949

Transportation Expenses

\$ 1165

Lodging Expenses

\$ 41

Meal Expenses

\$ 13

Other Expenses

\$ 4168

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Staff sent to meet with other state officials to discuss and evaluate research and state reforms, connectors and insurance regulations, medical homes and payment reform, tools for using data to enhance transparency and accountability, policy reform in Medicaid and CHIP, and the ARRA stimulus package.

Identify the officials for whom the payment was used:

Doug Robins, Chief

Last Name

Utilization Managemen

First Name

Tanya Homman, Chief

Title

Medi-Cal Managed Care

Department/Division

Brian Hansen,

Last Name

Sp. Asst. to the Directo

First Name

Laura Rojas

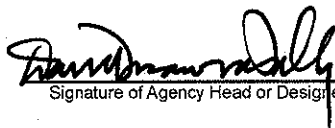
Title

Senior Staff Council

Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.



Signature of Agency Head or Designee

David Maxwell-Jolly

Print Name

Director

Title

08/09/2009

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)